### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

Texas Ethics Commission

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION This form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
NAME	MR PRESCILIAN PRESCILIAN PRESI ORTEGI	SUFFIX	Date Received  OF APR 2		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CI	ITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmatted		
Change of Address	EL MASO TX 7	9936	↑ DE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 778-2424	EXTENSION	Receipt # Amount		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST ALAN NICKNAME LAST	MI E SUFFIX	Date Processed  Date Imaged		
	SIMPSON				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	TREASURER ADDRESS  AD				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 591-1848	EXTENSION			
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROL	JGH 4 /25/	Year / 05		
11 ELECTION	Month Day Year ELECTION TYP	_	General Special		
12 OFFICE	CITY RAP DISTRICT 5	13 OFFICE SOUGHT (IT known	) ·		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name					
additional pages	Address / PO Box; Apt. / Suite #; City; State; Z	ip Code			
GO TO PAGE 2					

Austin, Texas 78711-2070

# **CANDIDATE / OFFICEHOLDER REPORT:**

## FORM C/OH

(512)463-5800

RESI ()	RTEGA CAMPAIGN	16ACCOUNT # (Ethics Commission filers)
•• This box is for no may have been made	tice of political expenditures by political committees to support the candic without the candidate's or officeholder's knowledge or consent. Candida	date / officeholder. These expenditures tes and officeholders are the difference report
COMMITTEE TYPE	COMMITTEE NAME	PR 29
SPECIFIC	COMMITTEE ADDRESS	N DEPT
	COMMITTEE CAMPAIGN TREASURER NAME	•
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		\$ <u> </u>
i .		\$.5,800
3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
4. TOTAL	POLITICAL EXPENDITURES	\$2,810.31
		\$ 13,240,90
		\$ -0
DONNA MARIE IN NOTARY PU STATE OF TI M y commission November 01 P / SEAL ABOVE	me under Title 15, Election Code.  EXAB  capital  Signature of Candid  ify which, mitness my hand and scal of diffide.	formation required to be reported by
	This box is for no may have been made this information only it committee type  GENERAL  GENERAL  SPECIFIC  1. TOTAL F PLEDGE  2. TOTAL (OTHER  3. TOTAL F OF REPO  6. TOTAL F LAST DA  DONNA MARKE IN NOTARY P MY COMMITTEE TYPE  DONNA MY COMMITTEE TYPE  DONNA MY COMMITTEE TYPE  DONNA MY COMMITTEE TYPE  DONNA MY COMMITTEE TYPE	This box is for notice of political expenditures by political committees to support the canding may have been made without the candidate six officeriolder's knowledge or consent. Candidaths information only if they receive notice of such expenditures.  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE NAME  COMMITTEE ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

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	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2	FILER NAME	PRESI DETEGA		3 ACCOUNT # (Ethics Commission filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
					ज =	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	주 <b>수</b>	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable) PH 2: EPT	
Principal occupation / Job title (See Instructions)			Employer (See Inc	structions)		
	Date	Full name of contributor out-of-state PAC (ID#  Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Ins	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Cor	nmission P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPENDITUR	ES		SCH	IEDULE F
The Instruction	N Guide explains how to complete	this form.		1 Total pages Schedule F:	
2 FILER NAME	Presi D	RIEGA		3 ACCOUNT # (Ethics Com	mission filers)
4 Date	5 Payee name  SEE  6 Payee address; City;	ACHED State; Zip Code			Amount (\$)
8 Purpose of pay required.)	ment (See instructions regarding type	of information	9 •• Complete if di Candidate / Officeholder i	rect expenditure to benefit C/ name Office sought	Office held OF API
Date	Payee name	State; Zip Code			CLERK DEPT.
Purpose of pay required.)	ment (See instructions regarding type	of information	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit C/ name Office sought	OH ⊷ Office held
Date	Payee name	State; Zip Code			Amount (\$)
Purpose of payi required.)	ment (See instructions regarding type	of information	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit C/o name Office sought	Office held
Date	Payee name				Amount (\$)
Purpose of payi required.)	ment (See instructions regarding type		•• Complete if dir Candidate / Officeholder r		OH ・・ Office held

### Political Contributions Other than Pledges and Loans Presi Ortega Campaign 8 Prior to Election April 29, 2005

Date	Name Address	Amount of contribution	In-Kind Contribution
Apr 02	Carlos & Lisa Bombach 41 Sun Point Ln. El Paso, TX 79912	\$1,000	
Apr 02	Nicolas B. Bombach 6397 Calle Azul El Paso, TX 79912	\$1,000	
Apr 11	William A. Elias 1100 Montana Ave. Ste 102 El Paso, TX 79902	\$100	
Apr 11	TREPAC/Texas Association of Realtors P. O. Box 1986 Austin, TX 78767	\$1,000	CIT \
Apr 11	David & Patricia Holland – Branch 5203 Wimbledon Way El Paso, TX 79934	\$100	OITY CLERK DEPT 05 APR 29 PH 12: 04
Apr 13	Randal Oleary 7910 Gateway East Ste 102 El Paso, TX 79915	\$1,000	RK DEPT
Apr 13	Pablo Escamilla 1726 Valencia San Antonio, TX 78237	\$500	
Apr 13	Chester E Jordan 9105 Rex Ct. El Paso, TX 79925	\$100	
Apr 19	El Paso Association of Builders PAC 6046 Surety El Paso, TX 79925	\$1,000	
Total Cor	atributions for April 1, 2005 – April 25, 2005	\$5,800.00	

### Political Expenditures Presi Ortega Campaign 8 Days Prior to Election April 29, 2005

Date	Name Address	Amount of Expenditure	Purpose
Apr 12	H&H Mailing Services 9020 Mayflower El Paso, TX 79925	855.77	Postage 1 <sup>st</sup> Mailout
Apr 12	David's Pennants & Banners 9911 Carnegie El Paso, TX 79925	550.25	Signs
Apr 15	Costco 6101 Gateway West El Paso, TX 79925	299.22	Refresments Workers
Apr 20	Blue Sage Supermarket 11705 Montwood Dr. El Paso, TX 79936	249.30	Election Night Refresments
Apr 22	H&H Mailing Services 9020 Mayflower El Paso, TX 79925	855.77	Postage 2nd Mailout

Total Expenditures April 1, 2005 – April 25, 2005

\$2,810.31

OS APR 29 PH 12: 04